Quantity Purchase Agreement Qty Purchase Agreement QPA Number With The State Of Indiana 00000000000000000000012769

Vendor **FOCUS DIAGNOSTICS** PO BOX 8500-53688 Remit to:

PHILADELPHIA PA 19178-3688

Name and Address

FOCUS DIAGNOSTICS

of Vendor: 11331 VALLEY VIEW ST CYPRESS CA 90630

Requisition Nbr.: **Arbovirus Test Kits**

Effective Date: 08/01/2011 **Expiration Date:** 07/31/2013

Agency Number:

Facility: ASA 400-12-Focus Diagnostics

Page 1 of 2

Vendor ID: 0000020596

Vendor Telephone Nbr: 714-822-2332 Name Of Contact Pers: GEORGIA MARTINEZ

gmartinez@focusdx.com Contact Email: **FAX Number:** 714-821-4353

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

The Vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration of the QPA but issued prior to the expiration date. The quantity listed herein is an estimate of the requirements. The state may order substantially more or substantially less pursuant to the terms of this agreement. Orders are to be delivered only upon receipt of properly approved Quantity Purchase Award Release.

Line Number Quantity UNIT **Article and Description Unit Price**

This is an award of a Quantity Purchase Agreement for Arbovirus Tests primarily for the Indiana State Department of Health.

QPA can be mutually renewed yearly for three additional years.

The vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration date, but issued prior to the expiration date, and postmarked no later than 14 business days after the QPA's expiration date.

Quantities are estimates and actual usage could be substantially more or less.

The awarded vendor must maintain, at a minimum the information listed below in excel format and supplied to the State within one week of the request.

The report must include purchases from State Agencies and any Political Subdivision's purchases.

- * Entity Name
- * Entity Address
- Date of Order
- Purchase Order Number
- * Description of Goods Ordered
- * Quantity

* Order Total

Transportation charges to be pre-paid by vendor and added to invoice. A copy of the freight bill showing shipment has been pre-paid must accompany vendor's invoice.

Delivery - As required

1	99,999,999.00 KT	00000000100002412	Kit,Test,Arbovirus,1gG,IFA	536.0000
2	99,999,999.00 KT	00000000100002413	Kit,Test,Arbovirus,IgM,IFA	536.0000
3	99,999,999.00 KT	000000000100150810 Tests per Kit)	West Nile Virus IgG DxSelect™ ELISA, #EL0300G (96	376.0000
4	99,999,999.00 KT	000000000100150811 (96 Tests per Kit)	West Nile Virus IgM Capture DxSelect™ ELISA, #EL0300M	388.0000
5	99,999,999.00 EA	00000000100028237	Handling Fee for Arbovirus Test Kits	25.0000

The following UN/CEFACT Unit of Measure Common Codes are used in this document:

EΑ Each KT Kit

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Unit Price Line Number Quantity UNIT **Article and Description**

Signature of Purchasing Officer	Typed Name	Signature Of Approval Office Of the State Attorney General	
	Date Signed	Typed Name	Date Signed
Authorized Signature Indiana Department Of Administration Procurement Division 402 West Washington Street, Rm W468 Indianapolis Indiana 46204			

Telephone: (317) 232-3150